

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

JAMES FRANCIS, JOSEPH SEARLES, DARRELL
COLBERT, REATHA BROWN, INDIVIDUALLY AND
AS THE REPRESENTATIVE OF THE ESTATE OF
AARON BROWN, JR., MICHAEL DUMAS, WILLIE
ELLISON, ANTHONY GUILLORY, DERRICK
HARRIS, FULTON JOHNSON, VICTOR JONES, RYAN
MCCOY, GERALD MCNEIL, RANCE OLISON, JIMMY
ROBINSON, GLENELL SANDERS, THOMAS
SANDERS, MATTHEW SINCLAIR, RICHARD
SOWELLS, EDWIN WEATHERSPOON, KEITH
WOODSIDE, MILTON WYNN

Plaintiff(s)

v.

Civil Action No. 2:12-cv-06671

EASTON-BELL SPORTS, INC.

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Easton Bell Sports, Inc.
152 West 57th Street
New York, NY 10019

A lawsuit has been filed against you.

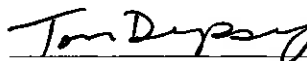
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

MICKEY WASHINGTON
5020 MONTROSE BLVD., SUITE 77006
HOUSTON, TX 77006

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 1/14/2014



Signature of Clerk or Deputy Clerk

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Civil Action No. 12-6671

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Easton Bell Sports Inc.
 was received by me on (date) 2/4/14

☐ I personally served the summons on the individual at (place) _____
 on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): Delivered By Certified Mail at 152 West 57th St
New York NY 10019 on 2/7/14

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 2/17/14

Susan Wyntje
 Server's signature

Susan Wyntjes Process Server
 Printed name and title

306 Williamsport St League City Tx
 Server's address
77573

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Easton - Bell Sports Inc.</p> <p>Easton - Bell Sports LLC</p> <p>152 West 57th St</p> <p>New York NY 10019</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article</p> <p>(Transfer from service)</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

7011 2970 0000 3543 8259

Domestic Return Receipt

mcis

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